

DEPARTMENT USE ONLY

**MOTOR VEHICLE REPAIR FACILITY
REGISTRATION RENEWAL**

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING ALL ITEMS.
LINE OUT INCORRECT INFORMATION AND PRINT IN CORRECT INFORMATION.

APPROVED BY

DATE

FACILITY NUMBER

COUNTY

CURRENT EXPIRATION

OWNERS, PARTNERS, OR CORPORATE OFFICERS

NOTE: If there are changes, see instructions for Ownership Change on back.

THIS IS YOUR ONLY NOTICE. RENEW NOW!

1. FACILITY TELEPHONE

2. OWNERSHIP TYPE

3. NUMBER OF MECHANICS –

Enter the number of persons who diagnose, repair, or maintain motor vehicles. This includes even persons who do lubrication work, tire installation, and body shop collision repairs.

4. NAME OF PERSON IN CHARGE

5. LIST BUSINESS DAYS AND HOURS OF OPERATION

6. FEE SCHEDULE – IMPORTANT – READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS ITEM. CHECK APPROPRIATE CATEGORY.

GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE
A. Under \$5,000.....	\$25.00	H. <input type="checkbox"/> \$100,001 to \$120,000....	\$200.00	O. <input type="checkbox"/> \$240,001 to \$260,000...	\$375.00
B. <input type="checkbox"/> \$5,001 to \$15,000.....	\$50.00	I. <input type="checkbox"/> \$120,001 to \$140,000....	\$225.00	P. <input type="checkbox"/> \$260,001 to \$280,000...	\$400.00
C. <input type="checkbox"/> \$15,001 to \$25,000.....	\$75.00	J. <input type="checkbox"/> \$140,001 to \$160,000....	\$250.00	Q. <input type="checkbox"/> \$280,001 to \$300,000...	\$425.00
D. <input type="checkbox"/> \$25,001 to \$40,000.....	\$100.00	K. <input type="checkbox"/> \$160,001 to \$180,000....	\$275.00	R. <input type="checkbox"/> \$300,001 to \$320,000....	\$450.00
E. <input type="checkbox"/> \$40,001 to \$60,000.....	\$125.00	L. <input type="checkbox"/> \$180,001 to \$200,000....	\$300.00	S. <input type="checkbox"/> \$320,001 to \$340,000....	\$475.00
F. <input type="checkbox"/> \$60,001 to \$80,000.....	\$150.00	M. <input type="checkbox"/> \$200,001 to \$220,000...	\$325.00	T. <input type="checkbox"/> Over \$340,000.....	\$500.00
G. <input type="checkbox"/> \$80,001 to \$100,000.....	\$175.00	N. <input type="checkbox"/> \$220,001 to \$240,000...	\$350.00		

7. Enter the fee that was checked above..... \$ _____

8. If you checked fee category A through S, list your gross annual revenue for repairs covered by the Motor Vehicle Service and Repair Act as reported on your most recent federal income tax return. \$ _____

9. Give your Federal Identification Number or Social Security Number: _____

10. If this renewal application is being submitted after the expiration date shown at the top of this form, enter 50% (one half) of Item 7 \$ _____

11. Total Items 7 and 10. PLEASE SUBMIT THIS AMOUNT. **MAKE CHECKS PAYABLE TO STATE OF MICHIGAN**.....\$ _____

12. DOES YOUR REPAIR FACILITY PERFORM BODY OR COLLISION WORK? NO ☐ YES ☐

13. ARRESTS OR CONVICTIONS. Has any person listed on this application been arrested or convicted of a crime other than a traffic violation in any state within the past 12 months? NO ☐ YES ☐ If YES, complete "ARRESTS OR CONVICTIONS" on the back of this form.

14. CERTIFICATION AND AUTHORIZED SIGNATURE (Must be signed by an owner, partner, or corporate officer.)

On this _____ day of _____, _____, I certify to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto, and authorize the release of all criminal history information that pertains to me on file at the Michigan State Police Central Records Division or at any court of record.

ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT, OR FAILURE TO NOTIFY THE DEPARTMENT OF STATE OF MATERIAL CHANGES, MAY BE GROUNDS FOR SUSPENSION, REVOCATION, OR DENIAL OF THIS REGISTRATION.

15. HOME ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP+4)

16. PRINT NAME OF OWNER, PARTNER, OR OFFICER

17. TITLE

18. SIGNATURE

19. WE ARE
OUT OF
BUSINESS ☐

20. OUR LOCATION HAS BEEN TAKEN OVER BY (OWNER NAME)

21. NEW FACILITY NAME

DEPARTMENT USE ONLY

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

Facility Name and Address – The correct name and address of the business.

Ownership Change – If your facility has changed ownership, an Original Repair Facility Registration Application must be submitted. Ownership changes include: a new individual owner, adding or dropping a partner, becoming a partnership, incorporating or changing from a corporation to a partnership or individual owner. If your facility is a corporation that has added new corporate officers, directors, or stockholders, a Motor Vehicle Repair Facility Registration Change of Officer, Director, Stockholder Application must be submitted. This form is not necessary to delete corporate officers. Instead, on the front of this form, draw a line through each name being deleted. If you have questions, need an original application or corporate officer change form, please telephone the Licensing Section at (517) 373-9460.

Name of Person in Charge – List the name of the person in charge of this facility

Number of Mechanics – The number of uncertified and certified persons who diagnose, repair, or maintain motor vehicles. This includes even persons who do lubrication work, tire installation, and body shop collision repairs.

Business Days and Hours – The days of the week and hours of the day your business is open.

Fee Schedule – Gross annual revenue is the total amount you received in payment for services or repairs provided, before expenses of any kind were subtracted, for the most recent federal income tax year.

To calculate your gross annual revenue, include all parts, labor, and materials used in performing repairs. Parts such as tires, oil filters, windshield wiper blades, sheet metal parts, etc., are to be included. Labor must always be included even if parts are not used. Repairs covered by a warranty that reimburses you for repairs performed must also be included in your gross annual revenue. Parts sold over the counter but not installed by your facility and motor fuel and lubricants sold at the service station pump are **NOT** to be included. Do not include revenue from repairs to vehicles not required to be registered and titled under Michigan law (such as farm tractors and off-road construction vehicles).

When you have found the correct revenue category, place a check mark next to the fee to be paid. Enter this fee in Item 7.

Late Renewals – All renewals received by the Department of State after the expiration of the current registration must include a registration fee of 1½ times the regular fee. Take 50% or ½ of the amount shown in Item 7 and insert in Item 10. Add Items 7 and 10, which is the total to be submitted. For example, if your regular fee would ordinarily be \$100.00 (you checked fee category "D"), add \$50.00 (½ of \$100.00) for a total fee of \$150.00

Arrests or Convictions – Name(s) of Person(s) Arrested or Convicted _____

Details _____

Date(s) of Arrest(s) or Conviction(s) _____

Court(s) of Record _____

City and State _____

ATTACH ADDITIONAL SHEET, IF NECESSARY.

Certification and Signature – The application must be dated and signed by an owner, partner, or corporate officer.

Out of Business – If your facility is out of business, check the box provided in Item 19. In addition, fill in the name(s) of the new owner(s) and the new name of the facility, if it has changed, and return this form to the address listed below.

When you have completed the application, attach a check or money order (**MADE PAYABLE TO STATE OF MICHIGAN**) and submit to:

**Michigan Department of State
Bureau of Regulatory Services
Licensing Section
Lansing, Michigan 48918-1210**

If you have questions, telephone (517) 373-9460

NOTE: MAIL YOUR RENEWAL APPLICATION AND FEE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT REGISTRATION TO ALLOW FOR PROCESSING OF YOUR RENEWAL APPLICATION. REMEMBER, IF YOUR APPLICATION IS NOT RECEIVED PRIOR TO THE EXPIRATION DATE, YOU MUST SUBMIT THE LATE FEE.